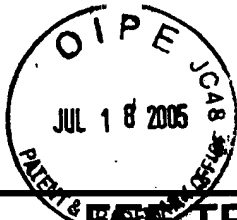


TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/613,418
		Filing Date	July 3, 2003
		First Named Inventor	Sabina J. Houle
		Art Unit	2835
		Examiner Name	Thompson, Gregory D.
Total Number of Pages in This Submission	11	Attorney Docket Number	42P9485D

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Return Receipt Postcard</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William Thomas Babbitt, Reg. No. 39,591 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	July 13, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Nedy Calderon		
Signature		Date	July 13, 2005



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

Application Number	10/613,418
Filing Date	July 3, 2003
First Named Inventor	Sabina J. Houle
Examiner Name	Thompson, Gregory D.
Art Unit	2835
Attorney Docket No.	42P9485D

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
8	23** = 0	50.00	\$0.00
Independent Claims	2	6** = 0	200.00 = \$0.00
Multiple Dependent			
Large Entity	Small Entity		
Fee Code	Fee Code	Fee (\$)	Fee Description
1202 50	2202 25		Claims in excess of 20
1201 200	2201 100		Independent claims in excess of 3
1203 360	2203 180		Multiple Dependent claim, if not paid
1204 300	2204 150		**Reissue independent claims over original patent
1205 300	2205 150		**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)	0.00

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1051 130	2051 65			Surcharge - late filing fee or oath
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet.
2053 130	2053 130			Non-English specification
1251 120	2251 60			Extension for reply within first month
1252 450	2252 225			Extension for reply within second month
1253 1,020	2253 510			Extension for reply within third month
1254 1,590	2254 795			Extension for reply within fourth month
1255 2,160	2255 1,080			Extension for reply within fifth month
1401 500	2401 250			Notice of Appeal
1402 500	2402 250			Filing a brief in support of an appeal
1403 1,000	2403 500			Request for oral hearing
1451 1,510	2451 1,510			Petition to institute a public use proceeding
1460 130	2460 130			Petitions to the Commissioner
1807 50	1807 50			Processing fee under 37 CFR 1.17(q)
1806 180	1806 180			Submission of Information Disclosure Stmt
1809 790	1809 395			Filing a submission after final rejection (37 CFR § 1.129(a))
1810 790	2810 395			For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)				
SUBTOTAL (2)		(\$)		

Fee Paid

(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	William Thomas Babbitt	Registration No. (Attorney/Agent)	39,591	Telephone	(310) 207-3800
Signature	<i>William T. Babbitt</i>	Date	07/13/05		



IFW

Attorney's Docket No.: 042390.P9485D

Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Sabina J. Houle

Application No.: 10/613,418

Filed: July 3, 2003

For: THERMAL HEAT SPREADERS
DESIGNED FOR LOWER COST
MANUFACTURABILITY AND
INCREASED THERMAL
PERFORMANCE

Examiner: Thompson, Gregory D.

Art Unit: 2835

Confirmation No.: 5131

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action dated May 13, 2005, Applicant respectfully requests entry of the following amendments.